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APPLICANTS

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** CONTINUING DATA *****

none known

** FOREIGN APPLICATIONS *****

none known

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 143	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met Allowance Verified and <i>Belknap, U. Odo</i> <i>bmu</i> Acknowledged Examiner's Signature Initials				

ADDRESS

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TITLE

System and method for database conversion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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